



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
August 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16	7/8/16		10/6/16		
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16	8/15/16		11/13/16		
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16					

LEGEND

* First-year operating cost HHA (may not be strictly comparable).

Name of facility in **BOLD** indicates a new request for report month.

ASC Ambulatory Surgical Center
CDU Chemical Dependency Unit
CO County
CR Comparative Review
DEC Decision
DISMISS Appeal dismissed
FAC Facility
HHA Home Health Agency

H Hospital
IHS Indian Health Service
LOI Letter of Intent
LTC Long-Term Care
MTH Month of Notice
NH Nursing Home
NR Non-Reviewable Project
N/A Not Applicable

REC REQ Reconsideration Hearing of Decision
REQ Request
SNF Skilled Nursing Facility
TBA To Be Announced
TBI Traumatic Brain Injury
10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)
N Disapproval or No **Y** Approval or Yes
DATES Month/Day/Year